## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires: Augus	t 31.2008
Estimated average	
hours per respons	e 16.00

SEC USE ONLY									
Prefix	Serial								
DATE RECEIVED									
	1								

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  No. 1 Weiyou Road, Shuangcheng, Heilongliang, P.R. China  Brief Description of Business  Manufacture and sale of batteries  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Month  Year  Actual or Estimated Date of Incorporation or Organization:  Confor Canada; FN for other foreign jurisdiction)  CENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities.	SEP 1 9 2008
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Advanced Battery Technologies, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  21 West 39th Street, Suite 2A, New York, NY 10018  212  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  if different from Executive Offices)  No. 1 Weiyou Road, Shuangcheng, Heitongliang, P.R. China  Brief Description of Business  Manufacture and sale of batteries  Type of Business Organization    corporation	Telephone Number (Including Area Code) 2-391-2752 Telephone Number (Including Area Code) 451-5311-7055  PROCESSED c specify): SEP 1 9 2008 THOMSON REUTERS
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Advanced Battery Technologies, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  21 West 39th Street, Suite 2A, New York, NY 10018  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  if different from Executive Offices)  No. 1 Weiyou Road, Shuangchang, Hellongilang, P.R. China  Brief Description of Business  Manufacture and sale of batteries  Type of Business Organization    Corporation	Telephone Number (Including Area Code) 2-391-2752 Telephone Number (Including Area Code) 451-5311-7055  PROCESSED c specify): SEP 1 9 2008 THOMSON REUTERS
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Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  No. 1 Weiyou Road, Shuangcheng, Heilongliang, P.R. China  Brief Description of Business  Manufacture and sale of batterles  Type of Business Organization    Corporation	PROCESSED e specify):  SEP 1 9 2008 THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organization:  Confor Canada; FN for other foreign jurisdiction D or Section (6).	PROCESSED  SEP 1 9 2008  THOMSON REUTERS
Brief Description of Business  Manufacture and sale of batteries  Type of Business Organization    Corporation	PROCESSED  SEP 1 9 2008  THOMSON REUTERS
Type of Business Organization    Corporation	SEP 1 9 2008 THOMSON REUTERS
Corporation   limited partnership, already formed   other (pleased business trust   limited partnership, to be formed   Month   Year   Actual or Estimated Date of Incorporation or Organization:   O 1   8 4   Actual   Estimated lurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)   CENERAL INSTRUCTIONS   General: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities in reliance on an exemption under Regul	SEP 1 9 2008 THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organization: Oll 84 Actual Estimated furisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Securities.	THOMSON REUTERS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec 17d(6).	
	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A next such and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Caples Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign thotocopies of the manually signed copy or bear typed or printed signatures.	ned. Any copies not manually signed must be
information Required: A new fitting must contain all information requested. Amendments need only report the hereto, the information requested in Part C, and any material changes from the information previously supplied in lot be filed with the SEC.	e name of the issuer and offering, any changes n Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securite to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The his notice and must be completed.	ities Administrator in each state where sales exemption, a fee in the proper amount shall
ATTENTION	

filing of a federal notice.

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2. Enter the information r	coursed for the fol	Esta Liais Estati Inving		the III is the established.	CHESTALL CHIP ALFORDINAL LARGEST. PARTICIPATIONS
			within the past five year	<b>«·</b>	
=					of a class of equity securities of the issue
					partnership issuers; and
			or corporate Reneral and	managing partitions of	paratership issues, and
• Each general and	managing parties o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🛛 Executive Offic	er 📝 Director	General and/or Managing Partner
Full Name (Last name first, Fu Zhiguo	if individual)				
Business or Residence Addre 21 West 39th Street, Ne			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, Zhang Dahe	f individual)	·		····	
	on (Number of	Street City State 7:-	Code)		
Business or Residence Address 21 West 39th Street, New	<del>-</del>	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Offic	er 🗹 Director	General and/or Managing Partner
Full Name (Last name first, McFadden John	f individual)		,		
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
310 Prospect Avenue, Ha	ackensack, NJ 07	7601			
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Offic	er / Director	General and/or Managing Partner
Fuli Name (Last name first,	f individual)				
Patti Cosimo			•		
Business or Residence Address 2100 Linwood Avenue, F	,		Code)		
Check Bux(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	er 🛛 Director	General and/or Managing Partner
Full Name (Last name first, Wan Guogua	f individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre No. 1 Welyou Road, Shu	•	Street, City, State, Zip ( ngjiang, P.R. China	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Director	General and/or Managing Partner
Full Name (Last name first, i Gao Guopeng	f individual)				
Business or Residence Addre No. 1 Welyou Road, Shu	•	Street, City, State, Zip ( ingjlang, P.R. China	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Pr Director	General and/or Managing Partner
Full Name (Last name first, i Si Hongjun	f individual)				
Business or Residence Addre No. 1 Weiyou Road, Shu		Street, City, State, Zip (	Code)		

						vinavi i	ickland						洲侧指
	11		i, or does th	i acuar i	tend to sa	Il to non-s	ecredited i	nvestors in	this offer	ing?		Yes	No <b>E</b>
l.	Has the	issuer soic	i, er does ti									لسا	
	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?									<b>\$</b> 500	0.000,00		
2.	What is the minimum investment that will be accepted from any individual?									,,,.,.,.,.,.,.	Yes	No	
3.	Does the offering permit joint ownership of a single unit?											<b>8</b>	
4.	commis If a pers	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age caler. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale c (5) perso	ection with or registered ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	threctly, any the offering. with a state sons of such		
			first, if indi	ividual)					•				
		Renshaw,			1 Canada C	in Chain 1	Zin Code						
			Address (N					•					
			oker or De		TOW TOIK,	111 10020							
114	.nc 01 715.	ocialed Bi	0.00.00										
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					• • • • • • • • • • • • • • • • • • • •	
	(Check	"All States	" or check	individual	States)			••••••		***************	,		l States
	AL	[AK]	AZ	AR	ÇA.	CO	CT	DE	DC	FL	GA	HI	ID
	IZ.	IN		KS	KY	[LA]	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	ОН	OK]	OR	PA
	RI	SC	SD	IN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	viđual)							,	···	
Bus	siness or	Residence	Address (1	Jumber an	d Street, C	City, State,	Zip Code)						
											,		
Nar	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		•				***************************************	☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	(NE)	(NV)	NH (FXI)	NJ	NM M	NY	NC	(ND	OH	OK.	OR	PA
	RI	SC	SD	IN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fui	l Name (l	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)						
Nat	ne of Ass	ociated Br	oker or Dea	ıler									<del></del>
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	,					
المحرب			" or check						*****			☐ All	States
	<u>al</u>	AK]	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	[HI]	[ID]
	IL]	IN	IA	KS	KY	LA	ME)	MD	MA	MI	MN	MS	MO
	MT	NE	NV	[NH]	ИJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT)	VA	WA	wv	WI	WY	PR

	•		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Aggregate Offering Price	Sold
	Debt	s	s
	Equity	21,500,044.00	\$ 21,500,044.00
	Common Preserved	<u> </u>	
	Convertible Securities (including warrants)	\$	<b>s</b>
	Partnership Interests	s	\$
	Other (Specify)		
	Total	21,500,044.00	s 21,500,044.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u></u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$_21,500,044.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		2
	Total		\$_0.00
I	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s 100.00
	Printing and Engraving Costs	<b>-</b>	•
	Legal Fees	<u> </u>	\$ 5,000.00
	Accounting Fees	_	•
	·	لبة	•
	Engineering Fees	لاسا	\$
	Sales Commissions (specify finders' fees separately)		s 1,075,002.49
	Other Expenses (identify) Placement Agent Reimbursable Expenses		\$ 68,560.00
	Total	ليسا	1,148,662.49

	TO OFFICE NUMBER OF THE NUMBER			to its itsia to all taxan
_	and total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1 – Question 4.a. This difference is the "adjusted gross		20,351,381.51 \$
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross rt C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of ma	***************************************	□ \$	Z \$ 10,500,000.00
	Construction or leasing of plant buildings and fa	cilities	s	<b>500,000.00</b> \$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	due of securities involved in this		
	• • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·
	working capital			<u> </u>
	Other (specify):			. 🗆 \$
			s	\$
	Column Totals			
	Total Payments Listed (column totals added)		□ \$ <u>_</u> 20	),351,381.51
sign	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis	sion, upon writte	
Issu	uer (Print or Type)	Signature	Date	
Ad	vanced Battery Technologies, Inc.	1 YAWALI	August 22, 1008	•
Nar	me of Signer (Print or Type)	Title of Signer (Print or Type)		***************************************
	Zhiquo	Chief Executive Officer		

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		is spains	GMITTER TO THE				
1.	Is any party described in 17 CFR 230.262 p provisions of such rule?	resently subject to	iny of the disqualificat	ion	•••••	Yes	No <b>⊠</b>
	Sea	e Appendix, Columi	5, for state response.				
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require		ndministrator of any sta	te in whic	h this notice is fi	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state	e administrators, upon	written re	equest, informat	ion furn	ished by the
4.	The undersigned issuer represents that the i limited Offering Exemption (ULOE) of the s of this exemption has the burden of establis	state in which this no	otice is filed and under	stands tha	tisfied to be ent at the issuer clain	itled to ming the	the Uniform availability
	er has read this notification and knows the com horized person.	tents to be true and h	as duly caused this noti	cc to be si	gned on its beha	lf by the	undersigned
Issuer (	Print or Type)	Signature	1 X1M 16	D	ate		•
Advance	ed Battery Technologies, Inc.		9/11/18	1 1	ugust 22, 1008	}	
Name (F	rint or Type)	Title (Print or Ty	/pe)	<del>,</del>			

Chlef Executive Officer

## Instruction:

Fu Zhiguo

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PRODU				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	·	amount pui	investor and rchased in State C-Item 2)		5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK						,			
AZ									
AR									
CA		×	Common Stock	1	\$2,000,003.				×
со						-			
СТ									
DE									
DC							<u> </u>		
FL									
GA									
ні									
ID									
ΙL		×	Common Stock	3	\$6,500,005.				×
IN					· .				
IA									
KS									
KY									
LA			-	-					
ME									
MD		·				_			
MA									
MI						****			
MN							44.4		
MS									

1	Intendate to non-a	2 If to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)	•	under Sta (if yes, explana	ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
Мі									
NM									
NY		×	Common Stock	4	\$13,000,036				K
NC									
ND									
OH									
ок									
OR									
PA		·				•			
ŖĮ									
SC									
SD							•		
TN									
TX									
UT									
VT									
VA									
WA									
wv				,		-			
WI									

				Managar				16_16_1	
1		2	3		5 Disqualification				
	to non-a investor	i to sell accredited is in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under St (if yes explan waiver	ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY				,					
PR									